

A photograph of two young girls smiling outdoors. The girl on the left has blonde hair and is wearing a blue polka-dot dress over a dark blue shirt. The girl on the right has dark skin and curly hair, wearing a pink and white striped shirt. They are both looking towards the camera with bright, happy expressions.

Healthy Families Growing Up

Group Programme

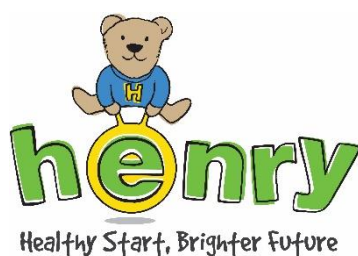
Annual Report
2021/22



Sample Area

Contents

Introduction	1
Key outcomes at a glance	1
Healthy childhood, brighter future	2
Overview of delivery	3
Recruitment & retention.....	3
Participant feedback.....	3
Programmes delivered in Sample Area over this period.....	4
Outcomes	5
Family lifestyle score	6
Growing up healthy score	7
Confidence score.....	8
Setting limits score	9
Confidence to raise sensitive issues.....	10
Emotional wellbeing	11
Eating behaviour score.....	12
Consumption – fruit and vegetables	13
Consumption – water	14
Consumption – Energy dense snacks	15
Consumption – Sugary drinks	16
Physical activity and sedentary behavior – parents.....	17
Physical activity and sedentary behavior – children.....	18
Appendix 1: Demographic information	19
Appendix 2: Data and data analysis	20
Appendix 3: HENRY's evidence base.....	21
Appendix 4: Child obesity rates in primary school	22



Introduction

This is the annual report on delivery of the *Healthy Families: Growing Up* group programme in Sample Area, covering programmes delivered in the last financial year (2021/22).

There are three sections to this report:

Introduction: this first section provides information on HENRY, the *Healthy Families: Growing Up* group programme, and the vital importance of supporting families for future health and wellbeing.

Overview: the second section provides an overview of the programmes delivered.

Outcomes: the third section analyses the impact of these programmes and presents outcome data across a range of measures.

Additional information can be found in the [Appendix](#).

Key outcomes at a glance

Each outcome is summarised as a percentage change from baseline to completion, with the national percentage change provided for comparison.

Measure	Outcome	% change - local	% change - national
Family lifestyle score	improved	54%	41%
Growing up healthy score	improved	49%	34%
Parenting confidence	improved	20%	13%
Parenting efficacy	improved	22%	13%
Confidence raising issues	improved	19%	12%
Emotional wellbeing score	improved	22%	21%
Healthy eating score	improved	11%	8%
Consumption			
Parents: Fruits & vegetables	improved	55%	18%
Parents: Water	improved	67%	23%
Parents: Energy dense snacks	improved	-46%	-46%
Parents: Sugary drinks	improved	-58%	-31%
Children: Fruits & vegetables	improved	20%	9%
Children: Water	improved	43%	19%
Children: Energy dense snacks	improved	-15%	-9%
Children: Sugary drinks	improved	-41%	-22%
Physical activity and sedentary behaviour			
Parents: Daily exercise	improved	22%	23%
Parents: Strength-based	improved	5%	27%
Parents: Screen time	improved	-36%	-57%
Children: Daily exercise	improved	5%	14%
Children: Strength-based	improved	16%	11%
Children: Screen time	improved	-45%	-29%

Healthy childhood, brighter future

The evidence is compelling – what happens at home, from when children are born to the end of primary school, is critical to their long-term health, wellbeing, learning and social development.

It is also clear that while the influence of peers grows throughout primary school, parents are still the key influencers, caregivers and best potential agents of behaviour change during this stage of children's lives. HENRY's *Healthy Families: Growing Up* programme therefore focuses on supporting parents to create the healthiest and happiest home environment they can for their children.

The start of primary school also presents a clear, practical opportunity to identify those children carrying excess weight, through the National Child Measurement Programme (NCMP), and to contact their parents – who are likely to be those in greatest need of support for lifestyle behaviour change. Not all families will be receptive, but for many the formal identification of excess weight can be the nudge they need to see the need to take action in their own families and take up the offer of support.

HENRY and *Healthy Families: Growing Up*

HENRY is the UK's leading charity supporting parents and carers to give their child a healthy, happy start in life. HENRY is transforming traditional approaches to obesity treatment and prevention through successful support for whole-family behaviour change before children reach adolescence.

The *Healthy Families: Growing Up* group programme is a unique 8-week intervention that offers parents a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The programme builds on the success of our early years programme and is underpinned by HENRY's proven and holistic approach.¹ It focuses on five research-identified risk factors for child obesity: parenting efficacy, family lifestyle habits, emotional wellbeing, nutrition and physical activity. This approach, both to a healthy childhood and to supporting parents to change what happens at home, helps children to flourish throughout childhood and beyond.

HENRY has a strong track record of delivery in 70 local authority areas right across the UK and a reputation for high quality family support with proven long-term impact. Several independent studies have shown that HENRY is effective: families make statistically significant and sustained lifestyle changes against these research-identified risk factors and **children of parents who join a HENRY programme had a trend for BMI z-score reduction** towards an ideal weight, whereas in the control group there was an increase in BMI z-score. More information on HENRY's evidence base is presented in the [Appendix](#) with more detail available at www.henry.org.uk/evidence-base

¹ Bridge et al (2019) The impact of HENRY on parenting and family lifestyle: Exploratory analysis of the mechanisms for change, *Child*

Overview of delivery

This section provides an overview of *Healthy Families: Growing Up* group programme delivery in Sample Area in the last financial year (2021/22), covering recruitment and retention, data return and participant feedback.

The tables on the following page provide a breakdown of the programmes delivered.

8 programmes were delivered from this period. Data return is discussed in more detail in [Outcomes](#).

8 programmes delivered

44 parents participated

64 children reached

Recruitment & retention

Participants who attend at least two sessions are considered 'starters'. Participants who attend at least five sessions are considered 'completers'.

44 participants started the programme, with 34 completing, a retention rate of 77%.

77% retention on local programmes

The programme reached the families of 64 children of primary school age or older.

Participant feedback

Feedback on the programme in Sample Area over this period was very positive, with high approval ratings and comments which highlighted the impact of the programme on those who took part.

Approval ratings

Respondents are asked to rate, on a scale of 1 to 5, how likely they are to recommend the programme and how they feel about the programme overall.

100% of respondents felt that the programme was 'Good' or 'Great', while 95% would 'Definitely' recommend the programme to other families.

100% of respondents rated it 'Good' or 'Great'

Respondent comments

Respondents' comments emphasise how much they enjoyed the programme and how it supported them to make a wide range of positive changes to their family lifestyle. These comments are presented throughout this report.

"I enjoyed everything – it was fun. You don't need to improve the programme, it's great."

Parent feedback

Programmes delivered in Sample Area over this period

Outputs and outcomes for each programme delivered over this period are provided in the tables below.

National totals and averages are presented in the first table as a benchmark for comparison.

National/Local	Programmes	Online/ Face to Face ²	Starters ³	Completers ²	Retention	Respondents ⁴	Data return	% 'Good' or 'Great'	Avg. change in family lifestyle ⁵
NATIONAL	51	20 : 24 (7)	199	142	71%	106	75%	98%	2.3
LOCAL	8	0 : 7 (1)	44	34	77%	23	68%	100%	2.9

Programme Code	Start date	Online/ Face to Face	Starters	Completers	Retention	Respondents	Data return	% 'Good' or 'Great'	Avg. change in family lifestyle
BLAbeverley12042021*	12/04/2021	Unknown	No data	No data	No data	1	No data	100%	2.0
BLAasia18052021	18/05/2021	Face to Face	4	4	100%	3	75%	100%	2.3
BLAjanice26052021	26/05/2021	Face to Face	6	2	33%	1	50%	100%	5.0
BLAbev13092021	13/09/2021	Face to Face	10	5	50%	5	100%	100%	2.0
BLAasia10012022	10/01/2022	Face to face	7	7	100%	6	86%	100%	3.0
BLAasia12012022*	12/01/2022	Face to face	No data	No data	No data	0	No data	No data	No data
BLAbev12012022	12/01/2022	Face to face	9	9	100%	7	78%	100%	3.6
BLAasia14012022	14/01/2022	Face to face	8	7	88%	0	0%	No data	No data

* No submission form had been submitted by facilitators for BLAbeverley12042021 or BLAasia12012022 at the time of reporting; therefore, delivery and attendance data was not available.

² Figures in brackets refer to programmes where no data was available on delivery type.

³ Starters are participants attending 2 or more sessions; Completers are participants completing 5 out of 8 sessions.

⁴ Participants who returned both baseline and completion evaluation forms via Google Forms

⁵ Respondents are asked to rate their family's lifestyle out of 10 after sessions 1, 5 and 8. The scores for the first and final sessions have been averaged and the difference calculated.

Outcomes

This section reports on the impact of the *Healthy Families: Growing Up* programme on families who attended, focusing on outcomes in five research-identified factors that are key to creating a healthy and happy home environment.

- Parenting skills
- Emotional wellbeing
- Eating behaviours
- Eating well
- Activity & screen time

Data return

The outcome data analysed in this section is self-reported by participants via digital questionnaires. Respondents answer a series of questions about their lifestyle at the start of the programme (baseline) and again when they complete the programme (completion).

Data may be considered invalid and excluded from analysis if questionnaires are spoiled in some way or if non-standard or obsolete questionnaires are used.

Sample size

Of the 34 participants who completed the programme over this period, 23 returned valid baseline and completion questionnaires, a data return rate of 68%.

23 maximum
respondents
in this sample

Please note: Not every respondent answers every question, so sample size may vary between outcomes. HENRY does not routinely carry out statistical analysis on sample sizes smaller than 10. For more information on how data is collected and analysed, please see the [Appendix](#).

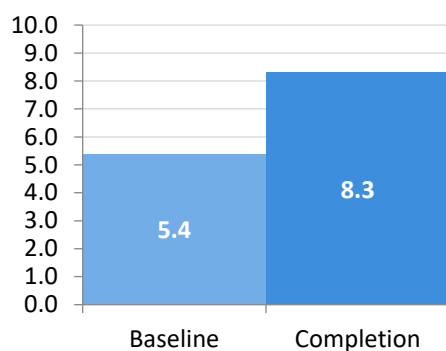
Family lifestyle score

Overall, how healthy do you think your family's lifestyle is?

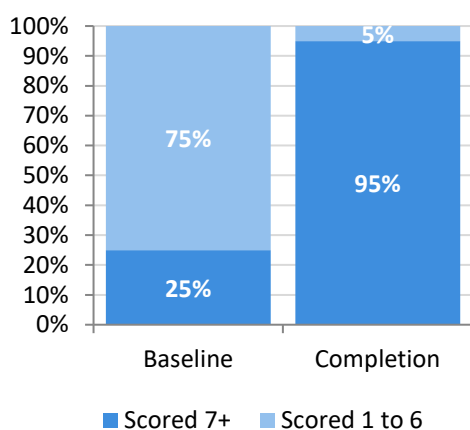
Sample size = 20

- 54% increase in average family lifestyle score
- 95% of respondents felt their family lifestyle had become healthier after the programme

Average family lifestyle score



% respondents rating their family lifestyle as 'healthy' (7 out of 10 or higher)



"I have enjoyed discussing parenting, learning new ideas and techniques — I have made changes; better communication, healthier eating, asking for help and I am feeling less isolated and stressed. I have better physical and mental health now."

Parent feedback

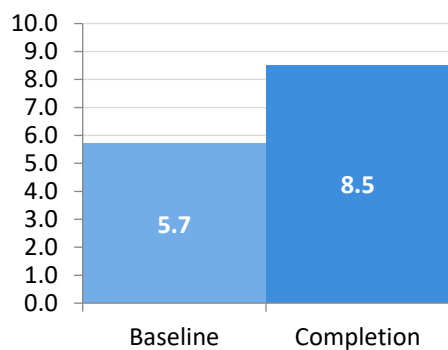
Growing up healthy score

How well do you feel you are doing, as a parent, to help your school-age children to grow up healthy?

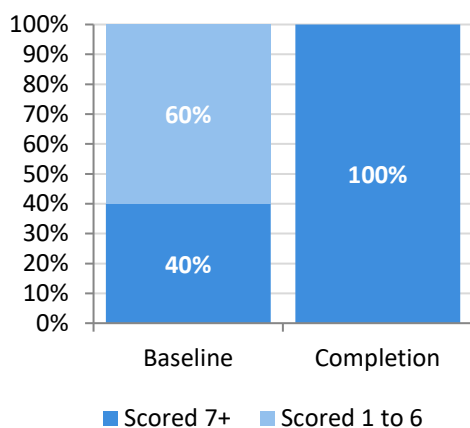
Sample size = 20

- 49% increase in average score
- 90% of respondents felt they were doing better to help their school-age children to grow up healthy after the programme

Average growing up healthy score



% respondents rating themselves at 7 out of 10 or higher



"I appreciated getting to know the other parents and learning new skills. Now myself and the family are eating healthier. We are having more family time together and playing more games together."

Parent feedback

Confidence score

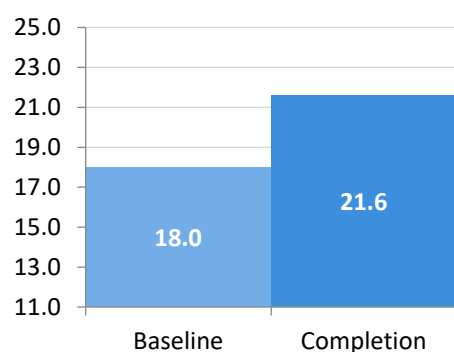
Do you agree or disagree with the following statements?

1. I feel confident as a parent
2. I enjoy spending time with my child
3. I often praise and encourage my child
4. I can hold clear boundaries as a parent
5. My child talks to me when something is bothering them

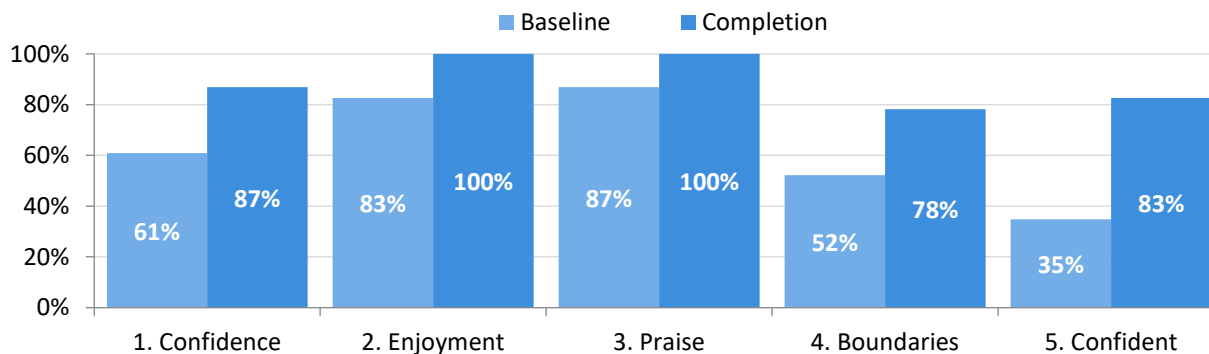
Sample size = 23

- 20% increase in parenting confidence score
- 91% of respondents felt more confidence as parents after the programme

Average confidence score



Parenting confidence - % scoring 4 or 5 out of 5



"I enjoyed listening to other parents and brainstorming things I am already doing, and having it acknowledged that I am doing the right thing. I am now sticking to what I say more."

Parent feedback

Setting limits score

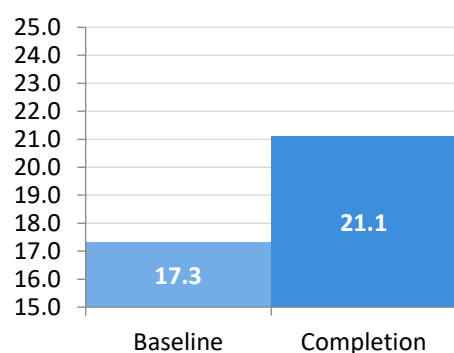
I feel confident to agree limits with my primary school-aged children...

1. ...at mealtimes and snack times
2. ...around TV and computer games
3. ...around active play
4. ...at bedtimes
5. ...generally

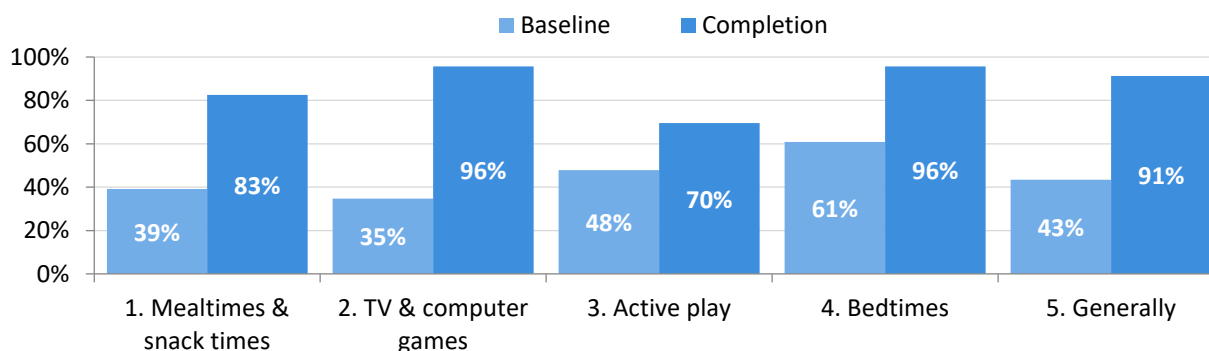
Sample size = 23

- 22% increase in setting boundaries score
- 87% of respondents felt more effective at setting limits with their school-age children after the programme

Average setting boundaries score



Efficacy setting limits - % scoring 4 or 5 out of 5



"I am spending more time with the children; I am more consistent with bed time routine and I will put them back into bed and use guided choices."

"I enjoyed all the ideas around parenting. I now use open ended questions, guided choice and descriptive praise."

Parents feedback

Confidence to raise sensitive issues

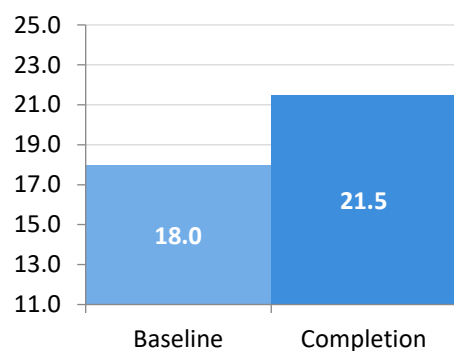
I feel confident talking to my primary school-aged children about...

1. ...body image
2. ...weight
3. ...feelings
4. ...friendships
5. ...sensitive issues in general

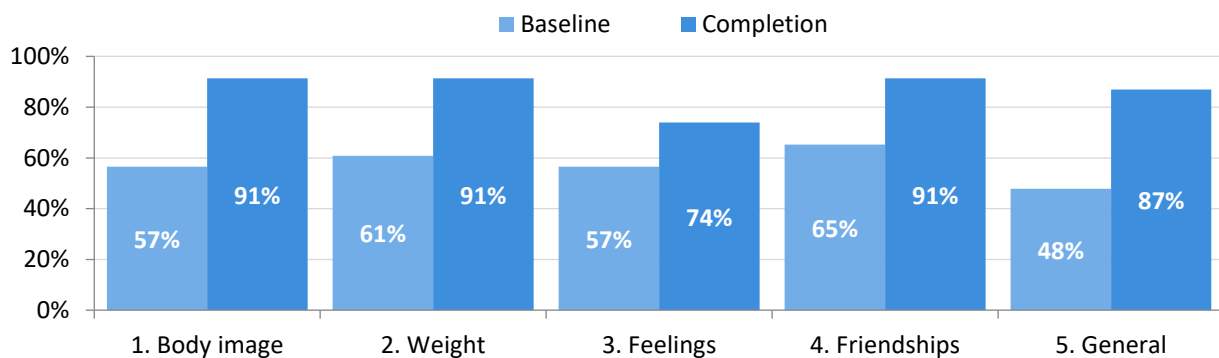
Sample size = 23

- 19% increase in average score
- 70% of respondents confident to raise sensitive issues with their school-age children after the programme

Average confidence to raise sensitive issues score



Confidence to raise sensitive issues - % scoring 4 or 5 out of 5



"We are eating more healthier meals together as a family. We are doing more activities together. My child is talking to me more often now."

Parent feedback

Emotional wellbeing

The measure used is the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS):

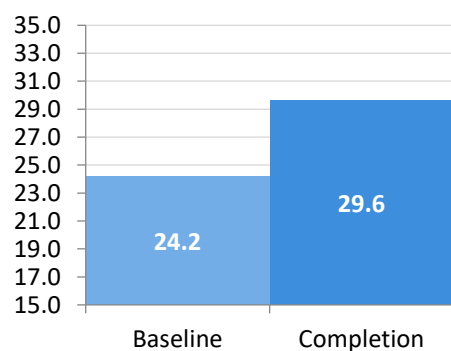
Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks.

- 1. I've been feeling optimistic about the future*
- 2. I've been feeling useful*
- 3. I've been feeling relaxed*
- 4. I've been dealing with problems well*
- 5. I've been thinking clearly*
- 6. I've been feeling close to other people*
- 7. I've been able to make up my own mind about things*

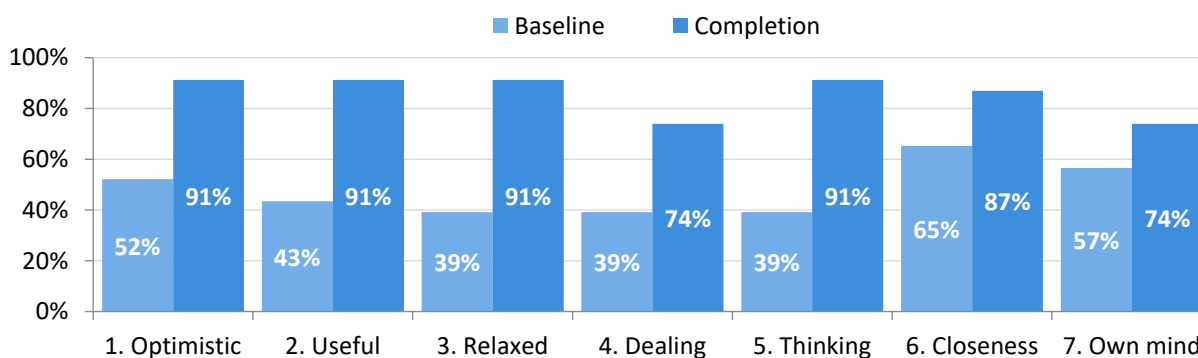
Sample size = 23

- 22% in average emotional wellbeing score
- 87% of respondents reported improved emotional wellbeing after the programme

Average emotional wellbeing score



Emotional wellbeing – % Often or All of the time



"I appreciated getting out and talking to other people. When I came to the group feeling stressed, within 10 minutes I felt better and smiling."

Parent feedback

Eating behaviour score

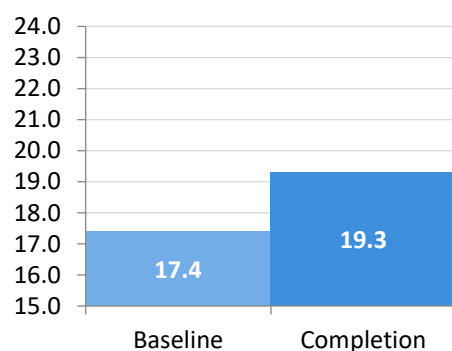
Have a think about your meals and meal times over the last 2 weeks. How often has your family done the following?

1. Sat down together for a meal
2. Eaten takeaway food
3. Had the TV on at meal times
4. Eaten a home-cooked meal
5. Stopped eating even if food is left on the plate
6. Chosen to eat meals you know are healthy

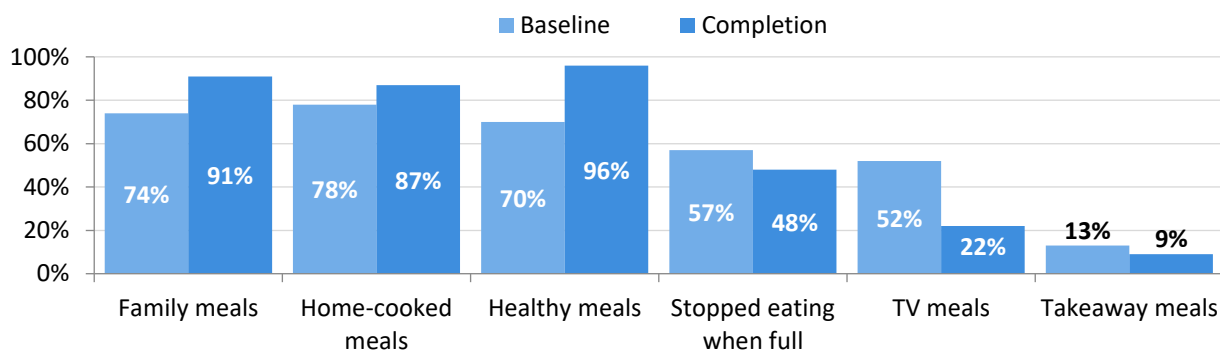
Sample size = 23

- 11% increase in average score
- 91% of respondents reported improved family eating behaviours

Average eating behaviour score



Family eating behaviour – % Often or Very Often



"I am now eating at the table with the family for meals. We are having one takeaway a week, we used to have three a week. Now we have veg every day except for takeaway night. They have more fruit. I am having more time to myself as well. I am using guided choices and listening to the children more."

Parent feedback

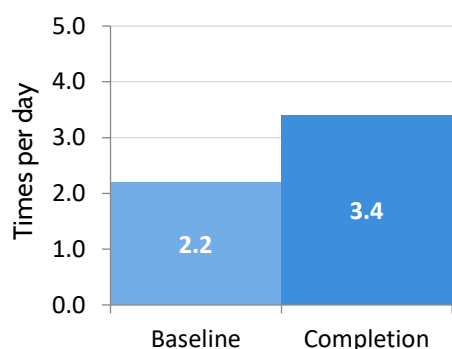
Consumption – fruit and vegetables

On average, how many times do you and your children eat fruit and vegetables each day?

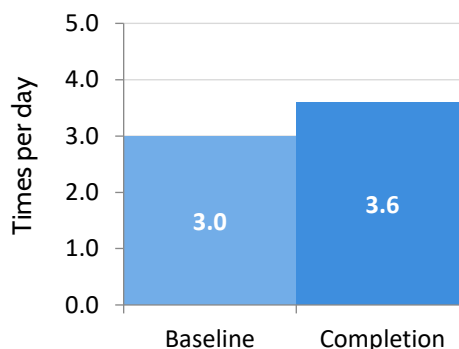
Sample size = 23 and 23

- 55% and 20% increases in average daily consumption
- 57% of parents and 65% of children were eating more fruit and vegetables after the programme
- 5-a-day consumption in parents increased from 0% to 17%

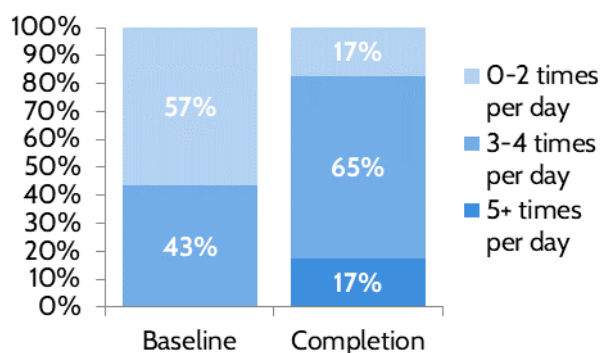
Average daily f&v consumption (parent)



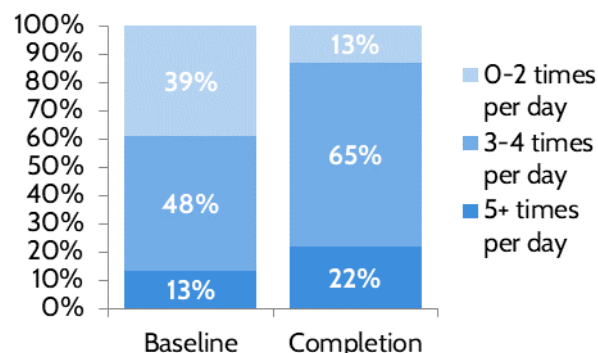
Average daily f&v consumption (children)



5-a-day consumption (parent)



5-a-day consumption (children)



“It was great to learn different ways in managing children’s behaviour and eating habits. We have cut down on junk food, go for more walks and the children are co-operating more and eating their meals.”

Parent feedback

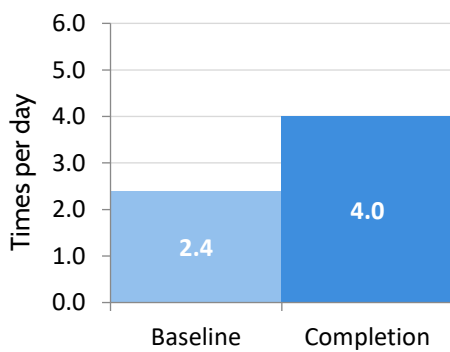
Consumption – water

On average, how many times do you and your children drink water each day?

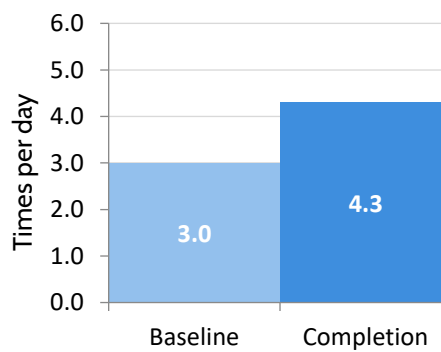
Sample size = 23 and 23

- 67% and 43% increase in average consumption
- 65% of parents and 70% of children were drinking more water after the programme

Average daily water consumption (parent)



Average daily water consumption (children)



“I enjoyed it all, learning new things and the iceberg model is great – I use that regularly and now know there is something that has caused the behaviour. I now talk to my children more about feelings. I used to just sit and let the children play, but now I talk to them more.”

Parent feedback

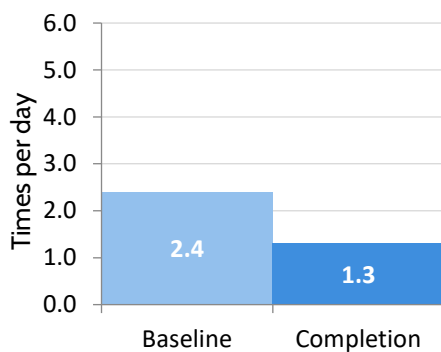
Consumption – Energy dense snacks

On average, how many times do you and your children eat high fat and sugary snacks each day?

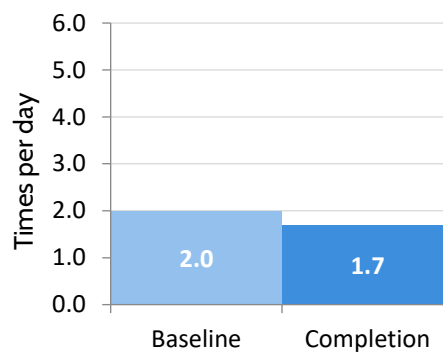
Sample size = 23 and 23

- 46% and 15% decrease in average energy dense snack consumption
- 65% of parents and 43% of children were eating fewer energy dense snacks after the programme

Average daily snack consumption (parent)



Average daily snack consumption (children)



"I enjoyed the group discussion and learned new strategies. We have cut down on sugary snacks, cut down on screen time and have a better bedtime routine and limit setting."

Parent feedback

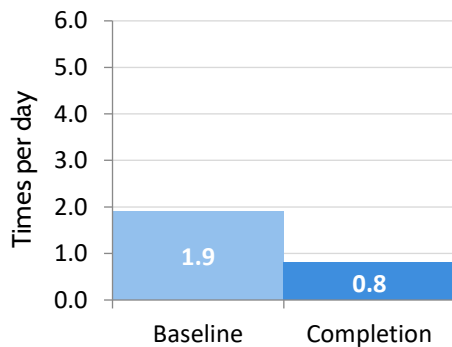
Consumption – Sugary drinks

On average, how many times do you and your children drink sugary drinks each day?

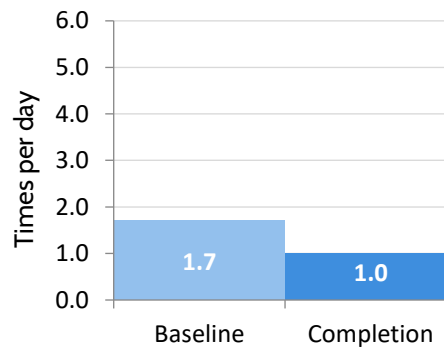
Sample size = 23 and 23

- 58% and 41% decrease in average energy dense snack consumption
- 48% of parents and 43% of children were drinking fewer sugary drinks after the programme

Avg. daily sugary drink consumption (parent)



Avg. daily sugary drink consumption (children)



"I am more active with the children and having more time to myself to boost my batteries, including having a bath or time in my room. I've got the food scanner app which I am using, as well as online shopping for food which is reducing the cost and reducing buying unhealthy snacks."

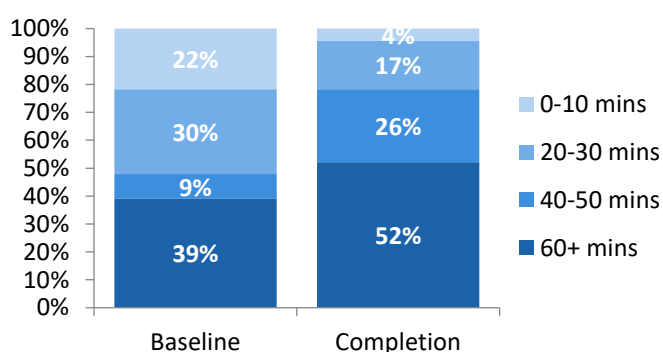
Parent feedback

Physical activity and sedentary behavior – parents

Sample size = 23 (activity & strength-based) and 21 (screen time)

- 70% of respondents reported increased levels of exercise after the programme
 - 43% were doing more daily physical activity
 - 65% were doing strength-based physical activities on more days of the week
- The proportion of respondents being active in line with UK guidelines (at least 20-30 minutes per day for adults) increased from 78% to 96% (a 22% increase)
- The proportion of respondents doing strength-based activities in line with UK guidelines (at least 2 days a week) increased from 83% to 87% (a 5% increase)
- 71% of respondents reported a reduction in sedentary behavior, based on their daily screen time
- UK guidelines recommend adults get no more than 2 hours of screen time outside of work each day. The proportion of respondents exceeding this limit fell from 67% to 43% (a 36% decrease)

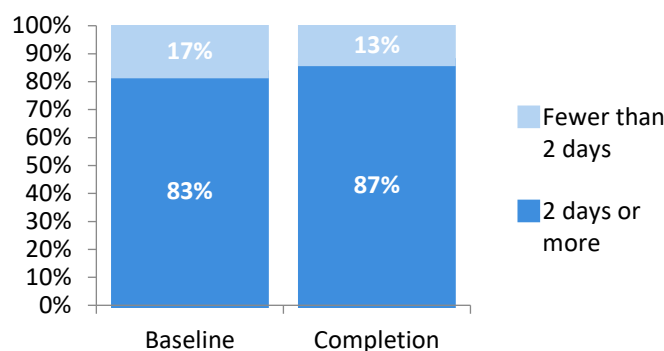
Daily active time (parent)



Anything that gets your heart beating and your breathing faster.

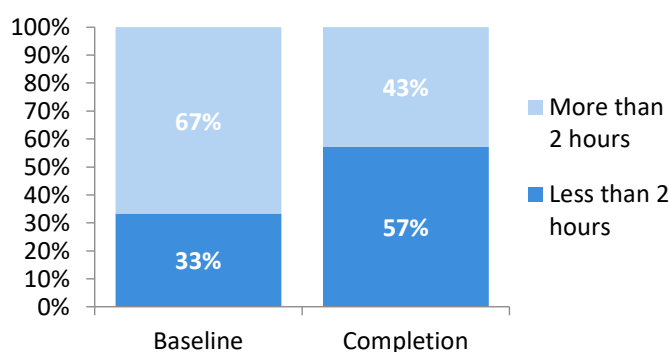
Things like: brisk walking, jogging, pushing a buggy, as well as activities like running, swimming and sports.

Strength-based activities – days per week (parent)



This can include: carrying or moving heavy loads (like the groceries or a young child), exercising with weights, or similar activities.

Daily screen time (parent)



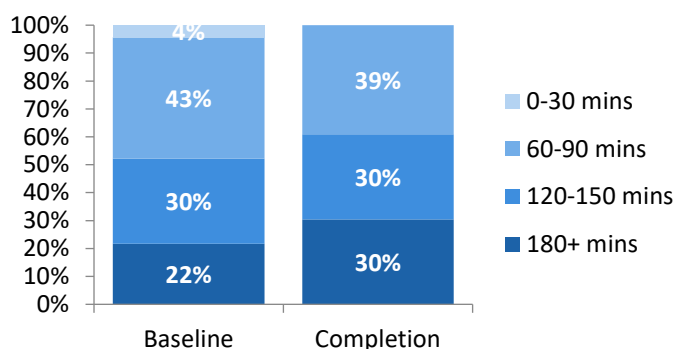
This includes TV in the background, DVDs, computers, smart phones and tablets, etc.

Physical activity and sedentary behavior – children

Sample size = 23 (activity & strength-based) and 21 (screen time)

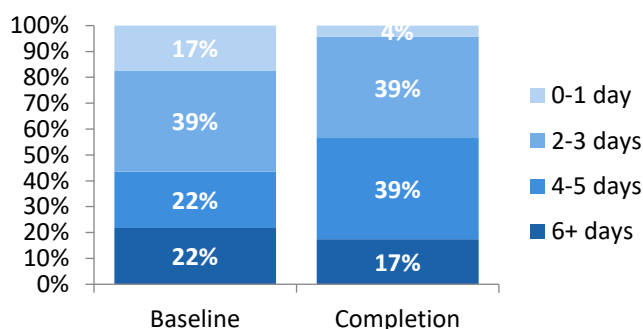
- 65% of respondents reported increased levels of exercise for their children after the programme
 - 39% were doing more daily physical activity
 - 39% were doing strength-based physical activities on more days of the week
- The proportion of children being active in line with UK guidelines (at least 60 minutes per day for 5-18 year olds) increased from 96% to 100% (a 5% increase)
- UK guidelines recommend that children aged 5-18 years do a variety of strength-based activities throughout the week. The proportion of children doing strength-based activities at least 2 days a week increased from 83% to 96% (a 16% increase)
- 52% of respondents reported a reduction in their children's sedentary behavior, based on their daily screen time
- The proportion of children getting more than 2 hours of daily screen time fell from 52% to 29% (a 45% decrease)

Daily active time (children)



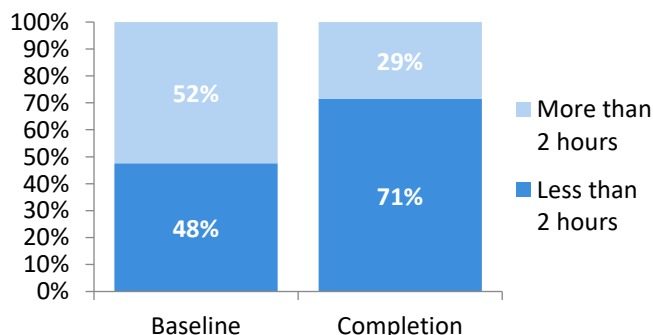
Things like: playground fun, cycling, running around, as well as sports like swimming or football.

Strength-based activities – days per week (children)



This can include things like: hopping and skipping, sports like gymnastics and tennis.

Daily screen time (children)



This includes TV in the background, DVDs, computers, smart phones and tablets, etc.

Appendix 1: Demographic information

Detailed breakdown of the gender, age and ethnicity information of respondents (parents/carers) and age & number of children, as reported by respondents in Sample Area in the last financial year (2021/2022).

Gender (respondents)	#	%
Woman	19	82.6%
Man	4	17.4%
Other	0	0.0%
Prefer not to say	0	0.0%
n=	23	100.0%

Age group (respondents)	#	%
Under 18	0	0.0%
18-24	0	0.0%
25-29	6	26.1%
30-34	7	30.4%
35-39	5	21.7%
40-44	3	13.0%
45-49	0	0.0%
50-54	2	8.7%
55-59	0	0.0%
60-64	0	0.0%
Over 65	0	0.0%
Prefer not to say	0	0.0%
n=	23	100.0%

Age group (respondent's children)	#	%
0-4	17	26.6%
5-7	21	32.8%
8-11	20	31.3%
12+	6	9.4%
n=	64	100.0%

Ethnicity (respondents)	#	%
White	16	69.6%
English/Welsh/Scottish/ Northern Irish/British	14	60.9%
Irish	0	0.0%
Gypsy or Irish Traveller	0	0.0%
Any other White background	2	8.7%
Black/Black British	0	0.0%
African	0	0.0%
African Caribbean	0	0.0%
Any other Black background	0	0.0%
Asian/Asian British	7	30.4%
Bangladeshi	1	4.3%
Chinese	0	0.0%
Indian	2	8.7%
Pakistani	4	17.4%
Any other Asian background	0	0.0%
Mixed/Multiple	0	0.0%
White and Black African	0	0.0%
White and Black Caribbean	0	0.0%
White and Asian	0	0.0%
Any other Mixed/Multiple ethnic background	0	0.0%
Other	0	0.0%
Arab	0	0.0%
Any other ethnic group	0	0.0%
Prefer not to say	0	0.0%
n=	23	100.0%

Appendix 2: Data and data analysis

Data collection

The data in this report was self-reported by participants on HENRY's *Healthy Families: Growing Up* group programme in the area and time-period shown on the cover. Participants are asked to complete a confidential online questionnaire at programme start (baseline) and at completion. Participants are considered to have completed the programme if they attended at least 5 out of 8 sessions.

Tools and measures

Where available, appropriate validated tools are used in HENRY's questionnaires. Parent confidence and efficacy setting limits are assessed using 4- and 5-point Likert scales. Emotional wellbeing is assessed using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).⁶ Healthy eating habits are assessed using a selection of items modelled on the Family Eating and Activity Habits Questionnaire.⁷

Data return

Respondent numbers may be limited by several factors. In some cases, resources may not permit data collection from parents who do not attend both the first and final sessions of the programme. Other data may be excluded from analysis if HENRY deems that questionnaires have been invalidated in some way: for example, if outdated or non-standard questionnaires have been used, or if they have been spoiled. Where multiple answers have been summed to produce an overall score (as is the case for parenting self-efficacy and confidence, emotional wellbeing and healthy eating habits), respondents who did not answer any one of the relevant questions have been excluded.

The enduring effects of the Covid-19 pandemic are also likely to affect respondent numbers. Smaller group sizes on average (recommended for online delivery and considered likely for face-to-face groups due to lingering caution about group events) influences respondent numbers in turn. Unfamiliarity with digital systems introduced in 2020 for secure and more efficient online data collection among participants and facilitators is also a limiting factor on response rate. The impact of both factors should diminish with time, and active measures are being taken to support improved data return.

Data validation

HENRY carries out regular validation of random data to ensure accuracy and that missing or irregular data are rectified where possible.

Data analysis

During analysis, respondents' baseline and completion responses are compared to assess what changes, if any, participants made to their family's lifestyle over the course of the programme.

⁶ (Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.)

⁷ Golan M and Weizman A (1998) Reliability and validity of the family eating and activity habits questionnaire, *European Journal of Clinical Nutrition*, 52 (10). 771-7

Appendix 3: HENRY's evidence base

HENRY is an innovative intervention to promote a healthy childhood and prevent obesity. It was developed in response to the need and evidence in the report commissioned by the Department of Health in 2009: *Tackling Child Obesity through the Healthy Child Programme: a Framework for Action*.⁸

Evaluation of HENRY and our suite of *Healthy Families* programmes

Independent studies have shown that:

- Families participating in a HENRY programme make and sustain statistically significant changes in five research-identified risk factors for child obesity: parenting efficacy, family lifestyle habits, emotional wellbeing, nutrition and physical activity. This includes reduced consumption of high-fat, high-sugar foods, and increased consumption of fruit and vegetables.
- Children whose parents attended a HENRY programme had a trend for BMI z-score reduction towards an ideal weight, whereas in the control group there was an increase in BMI z-score.

Key published evidence for the effectiveness of HENRY training and programmes is listed below. For a full summary of HENRY's evidence base, please visit: www.henry.org.uk/evidence-base

- Bryant et al (2021) Cluster randomised controlled feasibility study of HENRY: a community-based intervention aimed at reducing obesity rates in preschool children, *Pilot and Feasibility Studies*
- Bridge GL, Willis TA, Evans CEL, Roberts KPJ, Rudolf MCJ (2019) The impact of HENRY on parenting and family lifestyle: Exploratory analysis of the mechanisms for change, *Child*
- Rudolf MCJ, Perera R, Swanston D, Burberry J, Roberts KPJ, Jebb S (2019) Observational analysis of disparities in obesity in children in the UK: Has Leeds bucked the trend? *Pediatric Obesity*
- Willis TA, Roberts KPJ, Berry TM, Bryant, M and Rudolf MCJ (2016) The impact of HENRY on parenting and family lifestyle: A national service evaluation of a preschool obesity prevention programme, *Public Health*
- Roberts KPJ (2015) Growing up not out: The HENRY approach to preventing childhood obesity, *British Journal of Obesity*
- Willis TA, George J, Hunt C, Roberts KPJ, Evans CEL, Brown RE and Rudolf MCJ (2014) Combating child obesity: impact of HENRY on parenting and family lifestyle, *Pediatric Obesity*
- Brown RE, Willis TA, Aspinall N, Hunt C, George J, Rudolf MCJ (2013) Preventing child obesity: a long-term evaluation of the HENRY approach, *Community Practitioner*
- Willis TA, Potrata B, Hunt C, Rudolf MCJ (2012) Training community practitioners to work more effectively with parents to prevent childhood obesity: the impact of HENRY upon Children's Centres and their staff, *Journal Human Nutrition and Dietetics*, 25(5), 460-468

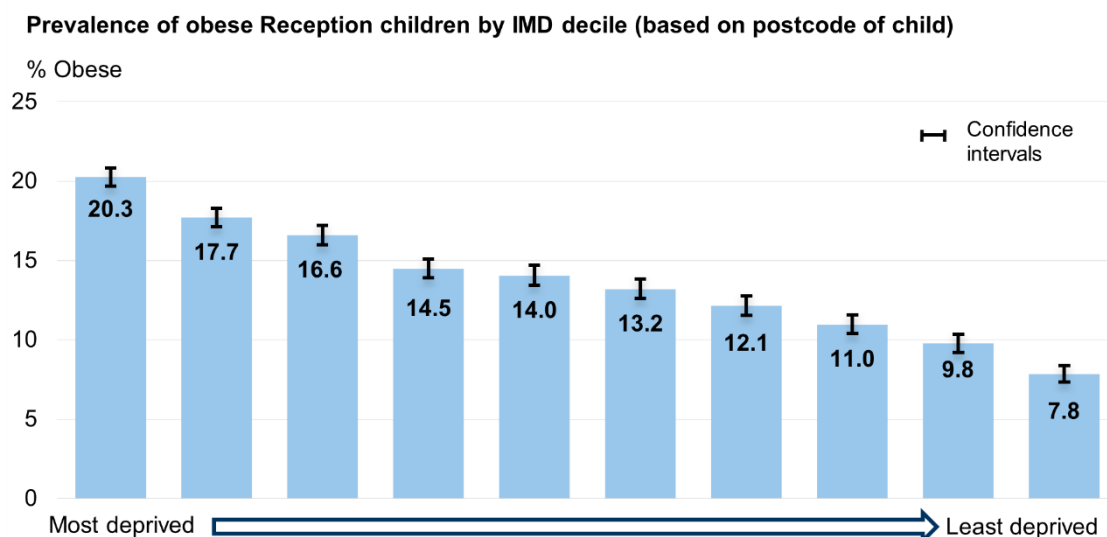
⁸ Rudolf M (2009) *Tackling Obesity through the Healthy Child Programme – a framework for action*. This document is available on the HENRY website: www.henry.org.uk

Appendix 4: Child obesity rates in primary school

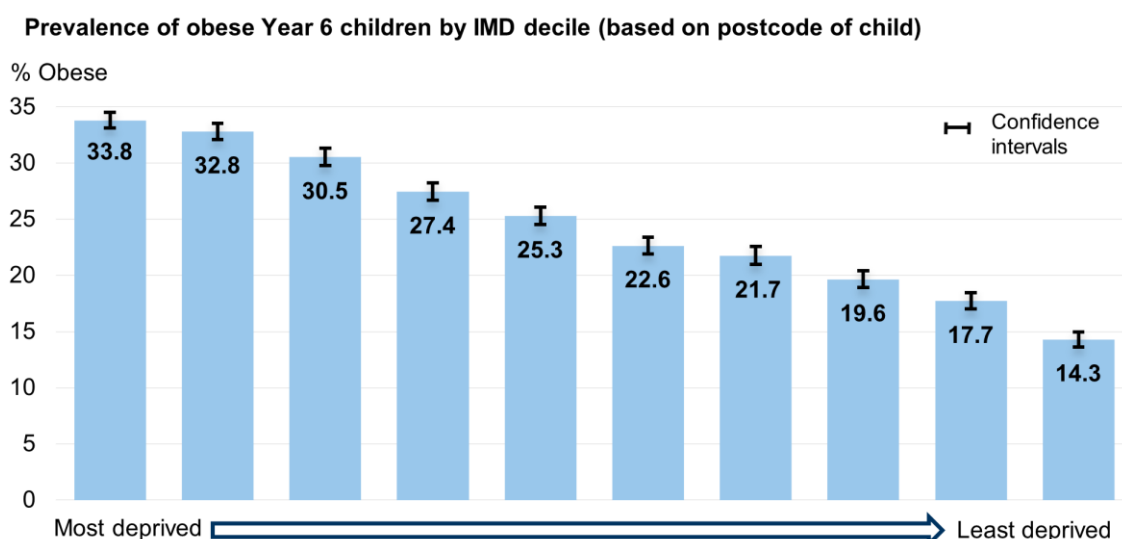
Now that the pandemic has eased, obesity is perhaps the UK's greatest public health crisis. Rates are high at the start of primary school and increase significantly by the end.

The Covid-19 pandemic has worsened an already acute problem with a 50% increase in obesity rates at Reception. It has also widened health inequalities:⁹

- Post-pandemic, nearly 15% of five-year-olds are already obese when they start school
- In the most deprived areas, more than 1 in 5 children are already obese by the age of just five



- By Year 6, 1 in 4 children nationally is now obese, compared to 1 in 5 prior to the pandemic
- Again, this masks inequality: 1 in 3 children in the most deprived areas is obese by Year 6
- Studies show that obesity in teenagers overwhelmingly tracks into adulthood,¹⁰ meaning the foundations for adult obesity are very often laid down in childhood



⁹ National Child Measurement Programme, England 2020/21 School Year. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year#>

¹⁰ Whitaker et al (1997) Predicting obesity in young adulthood from childhood & parental obesity, *N Engl J Med*